

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2013 OF THE CONDITION AND AFFAIRS OF THE

		ALTUS DENTAL INSUI	RANCE CO., INC.		
NAIC Group Code 157		NAIC Company Code	52632	Employer's ID Number	05-0513223
,	t Period) (Prior Period	•	f Damielle D. 1 15 1	DUODE 101 AVE	
Organized under the Laws of Country of Domicile UNI	RHODE ISLAND FED STATES OF AMERICA	, State o	of Domicile or Port of Entr	y RHODE ISLAND	
Licensed as business type:	Life, Accident & Health	[X] Property/Casualty	, []	Hospital, Medical & Denta	al Service or Indemnity []
At.	Dental Service Corporation	,		Health Maintenance Orga	
	Other	[] Is HMO Federally		• •	
Incorporated/Organized		st 1, 2000	Commenced Bus		September 1, 2001
Statutory Home Office10 C	HARLES STREET (Street a	and Number)	,PRO	OVIDENCE, RI, US 02904 (City or Town, State.)	Country and Zip Code)
Main Administrative Office	10 CHARLES STREET			(Sity of Town, State,	
			(Street and Number)		
	PROVIDENCE, RI, US 02904 (City or Town S	tate, Country and Zip Code)	8 (Area Code	77-223-0577 e) (Telephone Number)	
Mail Address 10 CHARLE		tate, Country and Zip Code)	,	OVIDENCE, RI, US 02904	
	(Street and Number	er or P.O. Box)	,		Country and Zip Code)
Primary Location of Books and R	ecords 10 CHARLES S		•	CE, RI, US 02904	877-223-0577
Internet Website Address	altradantal asm	(Street and Number)	(City or Town, Stat	te, Country and Zip Code)	(Area Code) (Telephone Number)
Internet Website Address Statutory Statement Contact	www.altusdental.com GEORGE J. BEDARD		877-2	223-0577	
	GEORGE V. BEBRIO	(Name)	(Area Code		(Extension)
	gbedard@altusdental.com				57-7260
	(E-	Mail Address)		(Fax N	Number)
		OFFICE	RS		
	Nam	е		Title	
	1. JOSEPH A. NAGLE		PRESIDENT		
	 KATHRYN M. SHANLE RICHARD A. FRITZ 	T .	SECRETARY TREASURER		
	o. NICHAND A. FRITZ		INLAGURER		
		VICE-PRESI	DENTS		
Name		Title	Name		Title
RICHARD A. FRITZ	VP - FINANCE		KATHRYN M. SHANLEY		EXTERNAL AFFAIRS
JOSEPH PERRONI			THOMAS CHASE		CHIEF INFORMATION OFFICER
		DIRECTORS OR	TRUSTEES		
FRED K. BUTLER	_ A. THOMAS COR	RREIA, DDS	JULIE G. DUFFY #	FRA	NCIS J. FLYNN
ALMON C. HALL	EDWARD O. HAN		STEVEN J. ISSA		EPH J. MARCAURELE
LINDA R. McGOLDRICK	JAMES F. McMAI		WILLIAM A. MEKRUT		ITHIA S. REED
JOHN T RUGGEIRI #	EDWIN J. SANTO	<u> </u>	VANESSA TOLEDO-VICKEI	<u> </u>	
State of RHODE ISLAND					
County of PROVIDENCE	SS				
County of Trovide Time					
The officers of this reporting entity be	ing duly sworn, each depose and s	say that they are the described office	ers of said reporting entity, ar	nd that on the reporting period	stated above, all of the herein described
		•	·	=	ether with related exhibits, schedules and
					ity as of the reporting period stated above,
	·	·		_	Practices and Procedures manual except according to the best of their information,
			-		NAIC, when required, that is an exact copy
(except for formatting differences due	to electronic filing) of the enclosed	statement. The electronic filing may	be requested by various regu	ulators in lieu of or in addition t	to the enclosed statement.
				-	
(Signature)		(Signatur	•		(Signature)
JOSEPH A. NA	-	KATHRYN M. S			RICHARD A. FRITZ
(Printed Nam 1.	e)	(Printed Na 2.	iiie)		(Printed Name) 3.
ı. PRESIDEN'	Г	z. SECRETA	.RY		J. TREASURER
(Title)	•	(Title)	W 3.1	-	(Title)
, ,		(Title)			,
Subscribed and sworn to before me the				a. Is this an original filing?	[X]Yes []No
13th day ofFEBRUARY	, 2014 by			b. If no: 1. State the amen	dment number
				2. Date filed	
				3. Number of pag	es attached
PAMELA B. BUTERA					
My commission expires 8/24/14					

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
Oroup automitors.						
NATIONAL CORRECTIONAL EMPLOYEES UNION	46,035	42,920			3,067	85,88
TOWN OF EAST BRIDGEWATER	37,862				757	37,10
DIGHTON REHOBOTH REG. SCHOOL DISTRICT	11,067	1,990			321	12,7%
HNE PEDIATRIC DENTAL PLAN	49,627				993	48,63
CITY OF BEVERLY	56,366	35,686	129		2,963	89,2
TOWN OF NORTON	19,213	48			387	18,8
CITY OF LYNN	88,927	7,754			2,166	94,5
0299997 Group subscriber subtotal	309,097	88,398	129		10,654	386,97
0299998 Premiums due and unpaid not individually listed	63,357	1,062			1,267	63,15
0200000 Total araun	372,454	89,460	129		11,921	450,12
0299999 Total group	372,434	09,400	129		11,921	450,12
0399999 Premiums due and unpaid from Medicare entities						
·						
0499999 Premiums due and unpaid from Medicaid entities						
	1				1	
	1		1		1	
	1	1			1	
	1					
		I				[
	1	1			1	
	1				1	
	1				1	
	1					
	1					
222222						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	372,454	89,460	129		11,921	450,1

EXHIBIT 3 – HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
					1	
					1	
					1	
					1	
					1	
5						
		ONE				
					1	
					1	
					1	
					1	
					1	
0799999 Gross Health Care Receivables					1	

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Rece During t		Health Care Rec as of December 3	eivables Accrued 81 of Current Year	5	6	
	1 2 On Amounts Accrued Prior to January 1 of On Amounts Accrued		3 4 On Amounts Accrued December 31 of On Amounts Accrued		Health Care Receivables in Prior Years	Estimated Health Care Receivables Accrued as of December 31 of	
Type of Health Care Receivable	Current Year	During the Year	Prior Year	During the Year	(Cols. 1 + 3)	Prior Year	
Pharmaceutical rebate receivables							
Claim overpayment receivables							
Loans and advances to providers							
Capitation arrangement receivables							
5. Risk sharing receivables6. Other health care receivables		NON	JF				
7. Total (Lines 1 through 6)		1101					

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)			, .			

0199999 Individually listed claims unpaid						
0299999 Aggregate accounts not individually listed - uncovered	1,100,723	184,793	95,786	56,801	142,317	1,580
0399999 Aggregate accounts not individually listed - covered						
1499999 Subtotals	1,100,723	184,793	95,786	56,801	142,317	1,580
799999 Total claims unpaid						1,580

EXHIBIT 5 – AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliates	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
			··· <u>·</u> ·· <u>·</u> ·· <u>·</u> ··				
			NONE				
			INUNE				
	1				[
	1						
0399999 Total gross amounts receivable							

EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
DELTA DENTAL OF RHODE ISLAND ALTUS GROUP, INC ALTUS SYSTEMS, INC. ALTUS DENTAL, INC	ULTIMATE PARENT SUBSIDIARY OF DELTA DENTL OF RHODE ISLAND SUBSIDIARY OF THE ALTUS GROUP SUBSIDIARY OF THE ALTUS GROUP	39,624 1,719,533 4,598,829 265,017	(89,765) 1,117,426 38,413 153,265	129,389 602,107 4,560,416 111,752
0199999 Individually listed payable		6,623,003	1,219,339	5,403,664
0299999 Payables not individually listed				
220000 Tayabloo not individually noted				
		l		
		l		
0399999 Total gross payables	1	6,623,003	1,219,339	5,403,664
UUUUUUU I UKA YI UUU PAYADIGU		0,023,003	1,213,333	J.40J.0

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups	[l	
2. Intermediaries				1		
3. All other providers						
Total capitation payments						
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	34,847,010	100.000	XXX	XXX	25,089,847	9,757,163
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
9. Non-contingent salaries	1		XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	34,847,010	100.000	XXX	XXX	25,089,847	9,757,163
13. Total (Line 4 plus Line 12)	34,847,010	100.000	XXX	XXX	25,089,847	9,757,163

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

2	1	2	3	4	5	6
	NAIC Code	Name of Intermediary	Capitation Average Monthly Paid Capitation		Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
	9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
			Accumulated	Book Value Less	Assets Not	Net Admitted
Description	Cost	Improvements	Depreciation	Encumbrances	Admitted	Assets
Administrative furniture and equipment						
Medical furniture, equipment and fixtures		NOI				
Pharmaceuticals and surgical supplies		N()N				
Durable medical equipment		1101				
Other property and equipment						
6. Total						



52632201

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Report for: 1. Corporation ALTUS DENTAL INSURANCE CO., INC.

2. 10 CHARLES STREET, PROVIDENCE, RI 02904

(LOCATION)

NAIC Group Code 1571

BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2013

NAIC Company Code

	1	Comprehensive (H	ospital & Medical)	4	5	6	7	8	9	10
		2	3	1						
				Medicare	Vision	Dental	Federal Employees	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Health Benefits Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	106,060					106,060				
2. First Quarter	107,591					107,591				
Second Quarter	107,880					107,880				
4. Third Quarter	121,946					121,946				
5. Current Year	120,929					120,929				
Current Year Member Months	1,371,245					1,371,245				
Total Member Ambulatory Encounters For Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	46,119,368					46,119,368				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	45,973,539					45,973,539				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision										
of Health Care Services	34,847,010					34,847,010				
18. Amount Incurred for Provision of										
Health Care Services	35,114,740					35,114,740				

(a)	For nealth business: number of persons insured under PPO managed care products	u and number of persons insured under indemnity only products	
(b)	For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$	0 .	



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

52632201343059100

Report for: 1. Corporation Al 1	HE DENTAL INCHIDANCE CO.	INC

2. 10 CHARLES STREET, PROVIDENCE, RI 02904

(LOCATION)

NAIC Group Code 1571

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2013

NAIC Company Code

E0600

	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3							
				Medicare	Vision	Dental	Federal Employees	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Health Benefits Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	106,060					106,060				
2. First Quarter	107,591					107,591				
3. Second Quarter	107,880					107,880				
4. Third Quarter	404.040					121,946				
5. Current Year	120,929					120,929				
6. Current Year Member Months	1,371,245					1,371,245				
Total Member Ambulatory Encounters For Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	46,119,368					46,119,368				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	45,973,539					45,973,539				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision										
of Health Care Services	34,847,010					34,847,010				
18. Amount Incurred for Provision of										
Health Care Services	35,114,740					35,114,740				

(a)	For health business: number of persons insured under PPO managed care products0	and number of persons insured under indemnity only products	0
(b)	For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$	0.	

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
'		3	7	, and the second		,		Reserve Liability	Reinsurance Payable on		Funds
NAIC Company	ID	Effective	Name of	Domiciliary	Type of Reinsurance		Unearned	Other Than For Unearned	Paid and Unpaid	Modified Coinsurance	Withheld Under
Code	Number	Date	Reinsured	Jurisdiction	Assumed	Premiums	Premiums	Premiums	Losses	Reserve	Coinsurance
				NON							
				NUN							
9999999	Total		<u> </u>	<u> </u>							
222222	ı olai					1		1			

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC			Name			
Company Code	ID Number	Effective Date	of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
			NO	N =		
			110			
9999999	Total	<u> </u>	L	<u> </u>		
					1	I .

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9 Reserve Credit	Outstandi	ing Surplus elief	12	13
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Туре	Premiums	Unearned Premiums (Estimated)	Taken Other than for Unearned Premiums	10 Current Year	11 Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ONE							
				-								
9999999												

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number(a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8
							L							
						· · K / · ·)	N L L							
							I. V . L							
						1	T	1			1			[
						1					1			l : : : : : : :
]		1								
9999999	Total	'							XXX					

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
			M()N=	
				l

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

1		2	3	4	5	6	7	8	9	10	11	12	13	14	15			-	Collateral				23	24	25	26
															Dollar	16	17	18	19	20	21	22	1			
															Amount of								Percent of	Percent Credit	Amount of	Liability for
												Total			Collateral								Collateral	Allowed on Net	Credit Allowed	Reinsurance
	-							Percent				Recoverable/		Net	Required					Funds		Total	Provided for	Obligation	for Net	with Certified
	-					Cortified	Effective	Collateral		Paid and		Reserve Credit		Obligation	for Full			Issuing or Confirming		Deposited by and		Collateral	Net Obligation	Subject	Obligation Subject to	Reinsurers Due to Collateral
NAIC	1			Name		Certified Reinsurer	Date of Certified	Required for Full	Reserve	Unpaid Losses		Taken	Miscellaneous	Subject to Collateral	Credit (Col. 14	Multiple	Latters	Bank		Withheld		Provided (Col. 16 +	Subject to Collateral	to Collateral (Col. 23 / Col 8,	Collateral	Deficiency
Compa	าง	ID	Effective	of	Domicilia		Reinsurer	1	Credit	Recoverable	Other	(Col. 9 +	Balances	(Col. 12 -	Times	Beneficiary	of	Reference	Trust	from		17 + 19 +	(Col. 22 /	not to exceed	(Col. 14 x	(Col. 14 -
Code	1	umber	Date	Reinsurer	Jurisdictio			- 100%)	Taken	(Debit)	Debits	10 + 11)	(credit)	13)	Col. 8)	Trust	Credit	Number (a)		Reinsurers	Other	20 + 21)	Col. 14)	100%)	Col. 24)	Col. 25)
							,	,		(, ,	(* * * * 7	- '	, ,			(-)	J			- /	,	,	,	
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									1																	1
1									1:::::					1			1	l								1
	. .											RIC	71													
	. .											17/	JIVI	<u> </u>												
	. .												7	· · · · · ·												
	- -																									
999999	9 Tota	als			ı		XXX	XXX										XXX					XXX	XXX		

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
			NIANE	
			NONE	

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business (000 OMITTED)

		1	2	3	4	5
		0040	2040	2014	0040	0000
		2013	2012	2011	2010	2009
A.	OPERATIONS ITEMS					
1.	Premiums					
2.	Title XVIII-Medicare					
3.	Title XIX-Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses					
В.	BALANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable					
8.	Reinsurance recoverable on paid losses					
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances due					
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with Certified Reinsurers			XXX	XXX	X X X
C.	UNAUTHORIZED REINSURANCE					
	(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)					
14.	Letters of credit (L)	NO				
15.	Trust agreements (T)					
	Other (O)					
D.	REINSURANCE WITH CERTIFIED REINSURERS					
	(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust			XXX	xxx	XXX
18.	Funds deposited by and withheld from (F)			XXX	XXX	XXX
	Letters of credit (L)			XXX	XXX	XXX
20.	Trust agreements (T)			XXX	XXX	XXX
21.	Other (O)			XXX	XXX	XXX

SCHEDULE S – PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported	Restatement	Restated
		(net of ceded)	Adjustments	(gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)			
	Accident and health premiums due and unpaid (Line 15)			
3.	Amounts recoverable from reinsurers (Line 16.1)			
	Net credit for ceded reinsurance	XXX		
	All other admitted assets (Balance)			
	Total assets (Line 28)			
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
	Claims unpaid (Line 1)			
8.	Accrued medical incentive pool and bonus payments (Line 2)			
	Description and additional area (U.S. O)			
10.	Funds held under reinsurance treaties with authorized			
	and unauthorized reinsurers (Line 19, first inset amount			
	plus second inset amount)			
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			
	Reinsurance with Certified Reinsurers (Line 20 inset amount)			
	Funds held under reinsurance treaties with Certified			
10.	Reinsurers (Line 19 third inset amount)			
1/	All other liabilities (Balance)			
	Total liabilities (Line 24)			
	Total liabilities (Line 24)		XXX	
	Total liabilities (Line 24) Total capital and surplus (Line 33) Total liabilities, capital and surplus (Line 34)	NUNE	^^^	
17.	Total liabilities, capital and surplus (Line 34)			
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid			
	Accrued medical incentive pool			
	Premiums received in advance			
	Reinsurance recoverable on paid losses			
	Other ceded reinsurance recoverables			
	Total ceded reinsurance recoverables			
	Description and the			
	Funds held under reinsurance treaties with authorized			
۷٠.				
26.	The the 2 set of a con-			
	Reinsurance with Certified Reinsurers			
28.	Funds held under reinsurance treaties with Certified Reinsurers			
29.	Other ceded reinsurance payables/offsets		-	
30.	Total ceded reinsurance payables/offsets		-	
31.	Total net credit for ceded reinsurance]	

SCHEDULE T - PART 2

INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only						
		1	2	3	4	5	6	
		Life	Annuities	Disability Income	Long-Term Care			
		(Group and	(Group and	(Group and	(Group and	Deposit-Type		
	States, Etc.	Individual)	Individual)	Individual)	Individual)	Contracts	Totals	
1.	Alabama AL							
	Alaska AK							
	Arizona AZ							
	Arkansas AR AR							
	California CA							
	Colorado CO							
	Connecticut CT Delaware DE							
	District of Columbia DC							
	Florida FL							
	Georgia GA							
	Hawaii HI							
13.	ldaho ID							
14.	Illinois IL							
	Indiana IN							
16.								
	Kansas KS							
	Kentucky KY							
	Louisiana LA							
	Maine ME Maryland MD							
	Massachusetts MA		NIA	N P				
	Michigan MI		NO	NE				
	Minnesota MN							
	Mississippi MS							
	Missouri MO							
27.	Montana MT							
	Nebraska NE							
29.	Nevada NV							
	New Hampshire NH							
	New Jersey NJ							
	New Mexico NM							
	New York NY							
	North Carolina NC North Dakota ND							
36.	Oh:							
	Onlo OH Oklahoma OK							
38.	Oregon OR							
	Pennsylvania PA							
	Rhode Island RI							
	South Carolina SC							
	South Dakota SD							
	Tennessee TN							
44.	Texas TX							
45.	Utah UT							
	Vermont VT							
41.	Virginia VA Washington WA							
	Washington WA West Virginia WV							
	Wisconsin WI							
	Wyoming WY							
	American Samoa AS							
53.	Guam GU							
	Puerto Rico PR							
	U.S. Virgin Islands VI							
	Northern Mariana Islands MP							
	Canada CAN							
	Aggregate Other Alien OT							
59.	Totals							

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0		00000	05-0502610 05-0502611 05-0502612	0	0		ALTUS GROUP, INC. ALTUS SYSTEMS, INC. ALTUS DENTAL, INC.	RI RI MA	UPD NIA NIA	DELTA DENTAL OF RHODE ISLAND DELTA DENTAL OF RHODE ISLAND DELTA DENTAL OF RHODE ISLAND	BOARD OF DIRECTORS BOARD OF DIRECTORS BOARD OF DIRECTORS		DELTA DENTAL OF RHODE ISL DELTA DENTAL OF RHODE ISL DELTA DENTAL OF RHODE ISL	0 0
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SCHEDULE Y

PART 2 – SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parents, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
52632 55301 0	05-0513223 05-0296998 05-0502611 05-0502612 05-0502610	ALTUS DENTAL INURANCE COMPANY, INC. DELTA DENTAL OF RHODE ISLAND ALTUS SYSTEMS, INC. ALTUS DENTAL, INC. THE ALTUS GROUP, INC.				(4,342,868) 1,604,854 1,125,057 1,612,957				3,175,213 (1,736,184) (979,024) (1,238,400) 778,395	(1,167,655) (131,330) 146,033 374,557 778,395	
										710,000	776,000	
9999999	Control Totals							X	(X X			

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
type code	following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NO will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION are wing the interrogatory questions.	NE" report and a bar
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
00	AUGUST FILING	NO
	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
Exp	lanation:	

Bar Code:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

































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